

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Principles Fund

ADDRESS (number and street)

1420 K Street, NW, Suite 300

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544387

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cale Turner

Signature of Treasurer

Cale Turner

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Principles Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		14818.85
(b) Cash on Hand at Beginning of Reporting Period.....	236853.95	
(c) Total Receipts (from Line 19)	259278.71	574617.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	496132.66	589435.96
7. Total Disbursements (from Line 31)	410724.54	504027.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85408.12	85408.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	45000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Principles Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	259278.71	574617.11
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	259278.71	574617.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	259278.71	574617.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	259278.71	574617.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	259278.71	574617.11

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	28241.38	121544.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28241.38	121544.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	382483.16	382483.16
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	410724.54	504027.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	410724.54	504027.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	259278.71	574617.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	259278.71	574617.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	28241.38	121544.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	28241.38	121544.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Principles Fund

Full Name (Last, First, Middle Initial)

A. Ellen Barrosse

Mailing Address 551 Horseshoe Hill Road

City State Zip Code
Hockessin DE 19707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Synchrogenix

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

05 / 29 / 2014

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Sean M. Fieler

Mailing Address 40 Haslet Avenue

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Equinox Partners, LP

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420338.40

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period

115000.00

Full Name (Last, First, Middle Initial)

C. Sean M. Fieler

Mailing Address 40 Haslet Avenue

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Equinox Partners, LP

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495338.40

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period

75000.00

SUBTOTAL of Receipts This Page (optional)..... ►

215000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Principles Fund

Full Name (Last, First, Middle Initial)

A. Sean M. Fieler

Mailing Address 40 Haslet Avenue

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Equinox Partners, LP

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539617.11

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period

44278.71

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44278.71

259278.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Principles Fund

Full Name (Last, First, Middle Initial)

A. Compliance & Reporting Solutions, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Mailing Address PO Box 21495

City	State	Zip Code
Little Rock	AR	72221-1495

Transaction ID : SB21B.4329

Purpose of Disbursement
Consulting - Accounting & Reporting

001

Amount of Each Disbursement this Period

Candidate Name

2000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Category/
Type

Full Name (Last, First, Middle Initial)

B. Compliance & Reporting Solutions, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Mailing Address PO Box 21495

City	State	Zip Code
Little Rock	AR	72221-1495

Transaction ID : SB21B.4330

Purpose of Disbursement
Consulting - Accounting & Reporting

001

Amount of Each Disbursement this Period

Candidate Name

2000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Category/
Type

Full Name (Last, First, Middle Initial)

C. Frank N. Tsamoutales LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Mailing Address PO Box 128

City	State	Zip Code
Tallahassee	FL	32302-0128

Transaction ID : SB21B.4334

Purpose of Disbursement
Consulting - Management & Strategy

001

Amount of Each Disbursement this Period

Candidate Name

15000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Principles Fund

Full Name (Last, First, Middle Initial)

A. Holland Taucher Consulting Group

Mailing Address PO Box 684281

City	State	Zip Code
Austin	TX	78768

Purpose of Disbursement
Consulting - Fundraising

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SB21B.4333

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Merrill Lynch

Mailing Address 2200 N Rodney Parham Rd, Suite 300

City	State	Zip Code
Little Rock	AR	72212

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : SB21B.4348

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Merrill Lynch

Mailing Address 2200 N Rodney Parham Rd, Suite 300

City	State	Zip Code
Little Rock	AR	72212

Purpose of Disbursement
Transaction Processing Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB21B.4347

Amount of Each Disbursement this Period

368.38

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5398.38

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Principles Fund

Full Name (Last, First, Middle Initial)

A. Sarah Sanders

Mailing Address 1 Longlea Drive

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Travel - Airfare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

743.00

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
Travel - Airfare

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : SB21B.4331.0

Amount of Each Disbursement this Period

743.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Wenzel Strategies

Mailing Address 4223 Elmway Drive

City Toledo State OH Zip Code 43614

Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : SB21B.4336

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3743.00

28141.38

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Principles Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Frank N. Tsamoutales LLC

Nature of Debt (Purpose):

Consulting - Management & Strategy

Mailing Address PO Box 128

City State

Zip Code

Tallahassee

FL

32302-0128

Outstanding Balance Beginning This Period

45000.00

Transaction ID : SD10.4118

Amount Incurred This Period

15000.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

45000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

45000.00

2) TOTALS This Period (last page this line number only)..... ►

45000.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

45000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Principles Fund		FEC IDENTIFICATION NUMBER ▼ C C00544387
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee LSC Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014
Mailing Address PO Box 3775		Amount 17536.92
City Little Rock	State AR	Zip Code 72203-3775
Purpose of Expenditure Direct Mail - Production & Printing	Category/Type 004	Transaction ID : SE.4321 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate JEFFREY BELL		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 17536.92		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee LSC Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014
Mailing Address PO Box 3775		Amount 57989.76
City Little Rock	State AR	Zip Code 72203-3775
Purpose of Expenditure Direct Mail - Postage & Shipping	Category/Type 004	Transaction ID : SE.4323 Date of Disbursement or Obligation MM / DD / YYYY 05 / 19 / 2014
Name of Federal Candidate JEFFREY BELL		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 75526.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75526.68
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Principles Fund		FEC IDENTIFICATION NUMBER ▼ C C00544387	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Wickers Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 1819 Polk Street #373		Amount 175000.00	
City San Francisco	State CA	Zip Code 94109	Transaction ID : SE.4275
Purpose of Expenditure Television Advertising Buy for 05/06/14 Oregon Ad		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2014
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 175000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Wickers Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 1819 Polk Street #373		Amount 5000.00	
City San Francisco	State CA	Zip Code 94109	Transaction ID : SE.4276
Purpose of Expenditure Media Production for 05/06/14 Oregon Ad		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2014
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 180000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	180000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Principles Fund		FEC IDENTIFICATION NUMBER ▼ C C00544387	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y . . / . . / </div>	

Full Name of Payee The Wickers Group		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 13 / 2014 </div>	
Mailing Address 1819 Polk Street #373		Amount <div style="border: 1px solid black; padding: 2px;"> 115000.00 </div>	
City San Francisco	State CA	Zip Code 94109	Transaction ID : SE.4280
Purpose of Expenditure Television Advertising Buy for 05/13/14 Oregon Ad		Category/Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 07 / 2014 </div>
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 295000.00 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Wickers Group		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 28 / 2014 </div>	
Mailing Address 1819 Polk Street #373		Amount <div style="border: 1px solid black; padding: 2px;"> 4000.00 </div>	
City San Francisco	State CA	Zip Code 94109	Transaction ID : SE.4324
Purpose of Expenditure Direct Mail - Design		Category/Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 21 / 2014 </div>
Name of Federal Candidate JEFFREY BELL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 79526.68 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 119000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Principles Fund		FEC IDENTIFICATION NUMBER ▼ C C00544387	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Third Dimension Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014	
Mailing Address 14524 Cantrell Road, Suite 140		Amount 3978.24	
City Little Rock	State AR	Zip Code 72223	Transaction ID : SE.4306
Purpose of Expenditure Automated Telephone Calls		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 298978.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Third Dimension Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014	
Mailing Address 14524 Cantrell Road, Suite 140		Amount 3978.24	
City Little Rock	State AR	Zip Code 72223	Transaction ID : SE.4310
Purpose of Expenditure Automated Telephone Calls		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 302956.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		7956.48	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		382483.16	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Cale Turner Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014	